

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	5X	70591	9/18
O.I.P.E. CLASSIFIER			5/14/99
FORMALITY REVIEW		68904	9/21/99 11/24/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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BOSTON  
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If more than 150 claims or 10 actions  
staple additional sheet here